



Kairos Parent Advisory Council (PAC) & INNOVATIVE SCHOLARS FOUNDATION (ISF)

BOARD OF DIRECTORS APPLICATION

Name _____ Phone _____

Address _____

LIST PREVIOUS EXPERIENCE OR INVOLVEMENT (boards, committee chairs/co-chairs, service organizations and previous PAC events you have volunteered for):

WHAT QUALIFICATIONS DO YOU HAVE THAT YOU WOULD ADD VALUE TO THE PAC/ISF BOARD? _____

WHAT WOULD YOU LIKE TO ACCOMPLISH THROUGH YOUR SERVICE AS A BOARD MEMBER?

HAVE YOU OR ANY OF YOUR RELATIVES CURRENTLY OR IN THE PAST WORKED FOR KAIROS PUBLIC SCHOOLS? (If yes, please list name(s):



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ARE YOU AWARE OF ANY BUSINESS OR PERSONAL RELATIONSHIPS THAT MAY CREATE A CONFLICT OF INTEREST FOR YOU AS A BOARD MEMBER? (SPECIFY):

PLEASE LIST TWO REFERENCES:

Applicant Signature _____ DATE: _____